

PATENT PROSECUTION RECEIPT OF FILING

139455/e-file

Venable Filing Number

Atty. Docket No: 36507-193188

Title of Application: **ENHANCED SUBSURFACE SCANNING SYSTEM, METHOD AND COMPUTER PROGRAM PRODUCT**

Application No: 10/666,558

Patent No. :

Attorney/LAA: RPA:cja

PTO Due Date:

Current Date: May 2, 2007

Filing Date: September 22, 2003

Issue Date:

The following items were received from Venable LLP, Washington, D.C.,
by the U.S. Patent & Trademark Office on the date stamped hereon:

U.S. PTO FEES ENCLOSED

- ☒ **Amendment Transmittal Letter**
- ☐ Fee Transmittal Letter
- ☐ New U.S. Patent Application
- ☐ (pages of specification/claims)
- ☐ Rule 53(d) Continued Prosecution Application
- ☐ Rule 53(b) Continuation or Divisional Application
- ☐ (*attach copy of specification, claims, drawings and declaration*)
- ☐ U.S. National Stage Application of PCT Application
- ☐ Request for Continued Examination (RCE) under 37 CFR 1.114
- ☐ Application Data Sheet
- ☐ Substitute Specification
- ☐ Priority Document-Cert. Copy of
- ☐ Appln.#: ; Country: ; Date Filed:
- ☐ Formal Drawings (sheets, Figs.)
- ☐ Inventor Declaration
- ☐ Assignment w/Cover Sheet
- ☐ Response to Notice to File Missing Parts
- ☐ Response to Notice to File Missing Requirements
- ☐ Response to Requirement
- ☐ Information Disclosure Statement with cited references
- ☐ Response
- ☒ **Amendment in Response to Non-Final Office Action**
- ☒ **Petition/Request for Extension of Time (3 mo. ext.)**
- ☒ **Yellow filing receipt**
- ☐ Petition to Revoke
- ☐ Sequence Listing – CDR Enclosed? Yes No
- ☐ Request for Non-Publication
- ☐ Reply Brief (*in triplicate*) / Request for Oral Hearing
- ☐ Confirmation of Hearing Petition
- ☐ Issue Fee Transmittal
- ☐ Certificate of Correction
- ☐ Maintenance Fee Transmittal
- ☐ Status Inquiry
- ☐ **Other:** (*Please describe below*)

- ☐ Filing Fee
- ☐ Surcharge Fee
- ☐ Additional Claim Fee
- ☐ Recordation/Indexing Fee
- ☐ IDS Fee
- 510.00** **Extension Fee**
- ☐ Notice of Appeal Fee
- ☐ Brief on Appeal
- ☐ Oral Hearing Request Fee
- ☐ Petition Fee
- ☐ Issue Fee
- ☐ Publication Fee
- ☐ Maintenance Fee
- ☐ Other Fees (Describe)
- 510.00** **Total Fees Paid**

☐ Check Number ____ Attached

☒ Charge Deposit Account No.
22-0261

***If Deposit Account was used, was a
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☒ Yes ☐ No

Reviewed By: /s/ ralph p. albrecht
Signature of Attorney

5/2/07
Date

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/666,558-Conf. #5541
		Filing Date	September 22, 2003
		First Named Inventor	John H. Sohl, III
		Art Unit	1743
		Examiner Name	K. A. Moss
Total Number of Pages in This Submission		Attorney Docket Number	36507-193188

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Amendment Transmittal Letter	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input checked="" type="checkbox"/> Transmittal Form SB-21	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input checked="" type="checkbox"/> Non Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please Identify below):	
<input checked="" type="checkbox"/> Yellow filing receipt	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature	/s/ ralph p. albrecht		
Printed name	Ralph P. Albrecht		
Date	May 2, 2007	Reg. No.	43,466